

PATENT APPLICATION SERIAL NO. _____

U.S. DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICE
FEE RECORD SHEET

01/14/2005 GFREY1 00000062 10520671

01 FC:2631	150.00 OP
02 FC:2632	250.00 OP
03 FC:2633	100.00 OP

02 FC:2632 -250.00 OP

06/30/2005 VWALLACE 00000018 10520671

01 FC:2642	200.00 OP
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PTO-1556
(5/87)

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND																																																					
1 Date of Request: _____		2 Serial/Patent # <u>10/520671</u>																																																			
3 Please refund the following fee(s): <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 10%;"></td><td style="width: 80%;">Filing</td><td style="width: 10%;">4 PAPER NUMBER</td><td style="width: 10%;">5 DATE FILED</td><td style="width: 10%;">6 AMOUNT</td></tr> <tr><td></td><td>Amendment</td><td></td><td></td><td>\$ 50.⁰⁰</td></tr> <tr><td></td><td>Extension of Time</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Notice of Appeal/Appeal</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Petition</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Issue</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Cert of Correction/Terminal Disc.</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Maintenance</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Assignment</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Other</td><td></td><td></td><td>\$</td></tr> </table>		Filing	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT		Amendment			\$ 50. ⁰⁰		Extension of Time			\$		Notice of Appeal/Appeal			\$		Petition			\$		Issue			\$		Cert of Correction/Terminal Disc.			\$		Maintenance			\$		Assignment			\$		Other			\$	7 TOTAL AMOUNT OF REFUND \$ 50. ⁰⁰		
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10 REASON: <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 10%;"></td><td style="width: 80%;">Overpayment</td><td style="width: 10%;">8 TO BE REFUNDED BY:</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>Duplicate Payment</td><td><input checked="" type="checkbox"/> Treasury Check</td></tr> <tr><td></td><td>No Fee Due (Explanation):</td><td><input type="checkbox"/> Credit Deposit A/C #:</td></tr> </table>			Overpayment	8 TO BE REFUNDED BY:	<input checked="" type="checkbox"/>	Duplicate Payment	<input checked="" type="checkbox"/> Treasury Check		No Fee Due (Explanation):	<input type="checkbox"/> Credit Deposit A/C #:	9 <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table>																																										
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11 REFUND REQUESTED BY: <u>Yonda Wallace</u>																																																					
TYPED/PRINTED NAME: <u>Namie Pearson</u>		TITLE: <u>Principal Spreader</u>																																																			
SIGNATURE: <u>Namie Pearson</u>		PHONE: <u>308 91810 x225</u>																																																			
OFFICE: _____																																																					
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****																																																					
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